



SUCCESS ACADEMY INTERNATIONAL

G4 KISSI CAMP COMMUNITY, BREWERVILLE CITY, MONROVIA, LIBERIA

+231 0761 344 054 | +231 0880 150 384

STUDENT ADMISSION FORM

ATTACH RECENT
PASSPORT PHOTO

Academic Year: _____

Application No.: _____

Date: _____

New Student: ☐ Returning Student: ☐

1. STUDENT INFORMATION

Student's Full Name: _____

Date of Birth: _____

Place of Birth: _____

Gender: ☐ Male ☐ Female

Nationality: _____

Religion: _____

Special Need/Medical Condition: _____

Class Applying For: _____

☐ Daycare ☐ Nursery ☐ Kindergarten ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6

Current Address: _____

Student Contact (if available): _____ Email (if available): _____

2. PARENT / GUARDIAN INFORMATION

Father's Full Name: _____ Telephone: _____

Occupation: _____ Address: _____

Mother's Full Name: _____ Telephone: _____

Occupation: _____ Address: _____

Primary Guardian: ☐ Father ☐ Mother ☐ Other Relationship: _____

Guardian's Full Name: _____ Telephone: _____

Guardian Address: _____

Emergency Contact Name: _____ Emergency Telephone: _____

3. PREVIOUS SCHOOL INFORMATION (TRANSFER STUDENTS)

Previous School Name: _____ Last Class: _____

School Address: _____ Year Attended: _____

Reason for Leaving: _____

4. DOCUMENTS AND ADMISSION REQUIREMENTS

☐ Completed admission form

☐ Recent passport-size photos

☐ Copy of birth certificate / birth record

☐ Latest report card or transcript (transfer students)

☐ Medical information, if requested

☐ Other documents requested by the Admissions Office

ENTRANCE ASSESSMENT / INTERVIEW

Date: _____ Time: _____ Fee (if applicable): _____ Receipt No.: _____

5. PARENT / GUARDIAN DECLARATION

I certify that the information provided on this form is true and complete. I understand that incorrect information may affect the student's admission.

Parent/Guardian Name: _____ Signature: _____

Date: _____ Registrar's Signature: _____

OFFICE USE ONLY: Admitted: ☐ Yes ☐ No Assigned Class: _____ Student ID: _____ Date: _____